UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO) Terry M. Golden Teacher, Paralegal

U. S. Application No. 10 521 300
U. S. Application No. 10/521300 Publication Date 05 Flaruary 2004
Publication No. WO 2004 1 61/503 A/ PCT/RO/101_
International Application No. PCT KP, 031 00998 Language
Priority Info: Country KR No. 10 - 2002 - 004426 ate 26 Jalysus MORE turn over
Abstract:, Correspondence checked:; Inventor Name checked:
Copy in International Application: yes no; Translation: yes no
Copy of ISR, Copy of IPER
Total Claims: 💋 Chargeable 💋 Independent 🖊 multiple
371 Filing Fees: 900; meets Art. 33(2)-(3) Low fee applies:
Number of drawing Sheets:
Oath/Declaration: yes no 🗠; signedunsigned defective completed
large entity fee:; Small entity fee:; SME papers: yes no
Biochemical Seq. Diskette: yesno entered Biochemical Seq. Listing: yes no
statement yes no
Copy of ISR: with References, without References
Copy of IPER: yes no no not entered not en
Preliminary Amendment(s): yes, 2 nd amendment date
IDS: yes no DATE: 18 April 15 2nd yes no DATE 25 April 2015
Request for Immediate Examination: yesno
Substitute Specification: yesno
Assignment: yes no forwarded to Assignment
Priority Document(s): yes no; Number of copies included
Power of Attorney: yes no <u>\(\subset \),</u>
Date of 35 USC Receipt of Request:
Date Completion USC 371 Requirements:
Notice of Missing Requirements: 21 August 2005
Notice of Defective Response:
Notice of Acceptance:
Notice of Abandonment:
Other forms:
Article 19 Amendment: yesno; replaced by Article 34 Amdt
Patition to Raylya: Patition 4.47:

Washington, D.C. 2023

REQUEST FOR PATENT FEE REFUND							
1 Date of Request: 2 Serial/Pate					# 10/50	21003	
3 Please refund the following fee(s):			4 PAPI NUMI		5 DATE FILED	6 AMOUNT	
	Filing					\$ 100	
	Amendment		;			\$	
Extension of Time						\$	
Notice of Appeal/Appeal						\$	
	Petition			-		\$	
Issue						\$	
Cert of Correction/Terminal Disc.						\$	
	Maintenance					\$	
	Assignment					\$	
	Other					\$	
		7 TOTAL AMOUNT OF REFUND			\$ 100		
			8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check					
	Overpayment			Cı	redit Depo	sit A/C #:	
	Duplicate Payment		,06-1130				
No Fee Due (Explanation):							
Kule clasge - 08 Dec soof -							
11 REFUND REQUESTED BY:							
TYPED/PRINTED NAME: TITLE: Supervisor							
SIGNATURE DERRY M. Johnson asels PHONE: 703-308-9140							
OFFICE: X22/							
THIS SPACE RESERVED FOR FINANCE USE ONLY:							
APPROVED: DATE:							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B